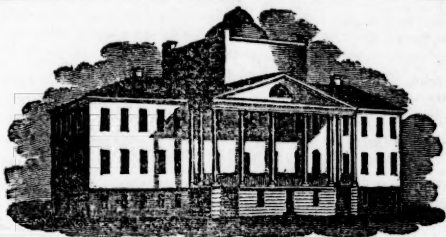


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I.

A Letter to Chandler Robbins, M.D., being a Reply to his Remarks on the Proceedings of the Medical Society of the District of Columbia, on the subject of Re-vaccination.

By THOMAS HENDERSON, M.D., Prof. of the Theory and Practice of Medicine, Washington.

SIR,—I read your remarks on the Report of the Medical Society of the District of Columbia, with some surprise. Remote as you were from the scene of action, unacquainted with the circumstances which called forth the Society, and engaging in an inquiry of great scientific and practical importance, it was to be expected that courteous and temperate discussion should mark an investigation, involving a difference of opinion, and an obligation to announce that difference.

You have overrated the importance of your paper in the Boston Journal, by supposing that it ori-

ginated the course of the Medical Society. That paper was thrown into our newspaper in order to shelter a medical paragraphist of this city. As a specimen of fair and ingenious speculation, your essay was favorably estimated. In another respect you have overrated the influence of your writings;—it is when you say that “this suggestion was instantly rejected because it had not been made before.” I assure you that the whole affair was of municipal origin and direction; and not the slightest claim was allowed you as originating the theory or practice of re-vaccination. It was well known to the Society that re-vaccination had been recommended, practised, and had proved useless; therefore in the estimation of the committee you were not the author of the suggestion or practice.

It is proper to inform you what did induce the Society to act. A physician of this city published a direction that all persons should

be re-vaccinated—those who had had smallpox, as well as the vaccinated; he pronounced none safe, unless they had undergone smallpox *twice*, or cowpock *twice*, or until by repeated trials it was proved they would not take cowpock. Thrown out at a moment of great alarm, persons flocked to the physicians to know if it were necessary to be re-vaccinated thus universally. It was thought proper that the Society should interfere, and with unanimity unprecedented, as far as I can ascertain, they gave the opinion that universal re-vaccination was unnecessary. It deserves to be recollected that the physician, who thus aroused and alarmed our citizens, and this through the newspapers, not only failed to communicate with the committee of the Society, when properly and respectfully invited to do so, but so far proved himself regardless of the courtesy which the invitation demanded, as to pass it without any notice. In Boston I think your Medical Association would have been, at least, as much excited by such conduct, as you represent our body to have been here,—nor would it be too severe a reprehension, to expel such a member from a liberal and scientific association.

The Report is reproached because, in three days, the committee, from an examination of medical records, gave an opinion on a point in vaccination. If the conclusion of the Society be correct, it matters not whether three or three times three days were consumed in reaching it. I cannot think the conclusion disproved by your reasonings, researches or facts. The records of medicine were diligently and fully investi-

gated. The subject had excited intense interest in the profession for some time,—the steps were not unadvisedly taken,—your authorities were in the hands of the Society,—we stand pledged and prepared to maintain the Report,—we feel confident that if it receives no greater shock than that given by your “Remarks,” its truth will remain unaffected.

The Report is charged with excitement. The document speaks for itself,—it is calm, temperate and true. Is *that* undue excitement which regrets the discrepant views of vaccination? Is *that* feeling impassioned which gives thirty years’ experience as a safe guide to the vaccinator? Was it not the sure *course* to avoid excitement, that the experienced, the talented, and the candid, should collectively recommend to their fellow citizens the course of safety? There was no excitement, sir, except that impulse which leads to the development of truth. Is it, I most respectfully ask you, kind, courteous or modest, to lay this charge to a deliberative medical body?

The resolution of the Society approving the course of those who opposed general re-vaccination, was directed, as all the preceding were, to those immediately concerned. If you suppose the resolve referred to your paper, I take great pleasure in removing the impression; but the supposition involves another overrating of the importance of your essay. The resolution grew out of circumstances, which I prefer to communicate to any one who may deem himself implicated, rather than to the public.

It is proper to remind you that you have charged a body of phy-

sicians, all of whom are perhaps older practitioners than yourself, with *folly, passion, ignorance*, and with the reckless act of *discouraging the check of smallpox*. The reader, as well as yourself, will bear this in mind, referring these allegations to the above explanations, and to what will follow. We may at least expect that your positions, promptly taken, will be so entrenched with facts as to ensure them the firmest support. Much is to be expected from your zealous spirit, and ingenious theories; I will always be happy to attend to your suggestions; for there is reason to hope that the phials of your indignation are emptied, or if not, it is with much deference submitted to you to reserve your wrath for those who aim to injure you.

But there is a ground on which we can happily concur. Let us suggest to each other and to the profession any thing, which will coöperate with the spirit and discovery of Jenner, in mitigating smallpox. In accordance with this proposition I will offer a few remarks on the efficacy of re-vaccination. I wish to clear the subject of one or two collateral points, that we may be perfectly understood. I divide re-vaccination into *general* and *proper*. The motives which require the *proper* are familiarly known, undisputed, and therefore it is dismissed from the controversy. We differ on the value of *general* re-vaccination. I give you freely all you can derive from theory, carefully avoiding speculation myself. I will even admit myself bound to prove a negative; but you will allow me freely to analyze your facts, your experiments. Perhaps you will assent to another

proposition; it is that nothing but *experiment* can settle the question. Ratiocination, however subtle, and none can be more ingenious than yours, will never establish the affirmative or negative.

I proceed then to examine your two essays for fact and experience. But what is to be proved? Here let us perfectly understand each other. The thing to be proved is this,—Whether *general* re-vaccination is a shelter, a protection from smallpox. We are not now discussing the question whether it has been recommended or not; but the simple, conclusive point, whether it has done good.

You will permit me to say, that after reviewing your course, we have a right to expect some affirmative testimony. You have taken responsible ground, in asserting the existence of such evidence, and you have keenly reproached a distant, and *quoad* you, an unoffending Society, for not knowing or stating it. It is still further necessary for you to have adduced these facts, because you can neither maintain yourself, nor upset the Society without them.

Is there in your first essay one fact, one case which proves the superior security of the re-vaccinated on the *general* plan? Yes, sir, there is one, which I the rather adduce because it will be one which will interest you. It is that of Dr. Chandler Robbins, who was vaccinated thirty years ago, and has resisted repeated exposure to smallpox. But perhaps you have been re-vaccinated,—you do not say so. If you have, how can you demonstrate that your security is less owing to the first vaccination, than to the subsequent attempts? There is no

other case or experiment in your first paper.

The evidence, then, which fastens the character you have been pleased to attach to the Society, is surely to be found in your last essay. The Society deny the existence of experience to prove the value of *general* re-vaccination. Every step on your part is a sheer begging of the question. Here Dr. Almon inquires, "Would not these re-vaccinated have been liable to smallpox?" There you inquire about the hacknied Grosvenor case, "Would he not," &c. Then you bring the penitential exclamation of the Madeira physician,—and really the cry is so perseveringly urged to grant your premises, by answering your questions, that if I could, consistently with the interests of truth and our Society, compassionate you, I would do so.

I have thus adduced all the authorities which you bring to prove, that, if the Medical Society had looked as far ahead as you have, they would have seen cause to alter their views. I ask any intelligent man or physician, if you have advanced one instance which proves that the *re-vaccinated* are more exempt from smallpox than the vaccinated. I leave you in candor to say if you have.

But Dr. Almon does say something which I am surprised that you have overlooked. He divides his *re-vaccinated* patients into two classes,—1st, those whose arms became inflamed,—2d, those on whom no impression was made by re-vaccination. He says he saw no varioloid among the *inflamed-arm patients*,—he says nothing of the others. It will be seen that this, on re-vaccinating principles, proving too much, evidences no-

thing; and that it is impossible for any man to say that an *inflamed* arm, from secondary attempts, afforded a security which could not more rationally be ascribed to the first satisfactory vaccination. I hope it will not be supposed that I do not respect Dr. Almon's paper; it is only to ascertain how far it bears you out that it is introduced.

Your essay gives no other testimony than the *inquiry* of Dr. Almon; for I have furnished you with a *fact* which you seem to have overlooked. Surely Dr. Physick's letter has nothing for you. He gives no evidence of the *efficacy* of re-vaccination; nor do the other gentlemen. What do they say? Why, that re-vaccination has been practised in various places. It is emphatically inquired *cui bono*? what is the result? The re-vaccinated are not said to be more exempt than others,—and if you prove any thing short of this, you prove nothing as to the point at issue.

I have thus examined and exhibited all the experience in favor of re-vaccination on which you have grounded such uncourteous charges against our Society. I have candidly stated all your facts, and have aided you by giving from Dr. Almon, what you have overlooked or omitted. The question might be left here; but the Society went further when they declared, that experiment on the largest scale had proved re-vaccination unnecessary. And here, sir, it is submitted to you, if it would not have been more proper and profitable for all, that instead of pronouncing judgment and condemnation on the arraigned, you should first have asked for the evidence. You have overlooked

the most important resolution, as to the result of *experiments*. Prepared as the Report was to relieve and direct our agitated community, it would have been out of place to make a long medical essay of it. You might in charity suppose, that no society of physicians would endanger themselves by a broad assertion, the truth of which they had reason to believe *would* be inquired into. They would have been both weak and wicked to have done so.

I will now detail to you the evidence on which the Society came to their conclusions.

1. The essay of Dr. Barrett in the Boston Journal, No. 8,—and your attention to that paper is specially requested. I need not speak of the general character of the essay,—it is a useful, sensible, candid production. Dr. Barrett is a *re-vaccinist*,—he advocates it, and therefore you will accredit his statements. These statements are, that the varioloid prevailed to an unusual extent where he lived,—that *re-vaccination* was carried to a considerable extent *with a view to ascertain its efficacy*,—that as a test of previous vaccination, and as more thoroughly affecting the system, it was no doubt advantageous,—“*but however much the system has been saturated with cowpock, varioloid has occurred afterwards.*” You will find special illustration of the failure of *re-vaccination* in another part of the essay. In one family the only member who *retook vaccination* suffered varioloid severely.

I confess some surprise that you should have overlooked this entire paper of Dr. Barrett. It was in the Boston Journal, your “field of fame;” it was by a *re-vaccinist*,—the efficacy of *re-vac-*

cination was specially alluded to; and you should have used him as an aid, or acknowledged him as candid authority against you. We are not special pleaders,—we are endeavoring to find out truth, come whence it may, for the good of our fellow creatures. We are at issue on an interesting point,—do agree with me, sir, to search with fidelity, that we may convince each other and enlighten our profession. All our readers will admit Dr. Barrett’s essay much more to the point, than the use you have made of Dr. Almon’s authority.

2. I invite your attention to the fact that the failure of *re-vaccination* is distinctly stated in Cross on Varioloid. The experiment was made by a medical gentleman. You certainly will not refuse the authority of that accurate case, after the kind of evidence which has been adduced in your essays.

3. That form of *re-vaccination* which has been most relied on is Bryce’s beautiful test. To one so extensively versed as you are in the literature of vaccination, I need not say how *authoritatively* that test has been recommended; and yet its failure has been evidenced in *case after case*, the details of which cases were admitted by Bryce himself.

4. I refer you, for evidence of the failure of *re-vaccination* to protect from varioloid, to Monro on Smallpox. Dr. Monro’s definition of perfect vaccination, implies *re-vaccination*.

5. I now detail an experiment which shall speak for itself.

The North Carolina, of seventy-four guns, shipped a crew at Norfolk, Virginia, of nine hundred men. Of these nearly all had

been vaccinated or had smallpox. The surgeon of the ship procured the purest virus and re-vaccinated the crew. Not satisfied with this, Dr. Washington repeated the vaccination before the ship sailed. At Gibraltar, re-vaccination was done with virus from London; and the vigilant officers, to make assurance doubly sure, re-vaccinated the crew at Port Mahon. Notwithstanding this *ultra* re-vaccination, under such various circumstances of virus, climate, &c. ONE HUNDRED AND FIFTY-SEVEN of the crew had the varioloid.

I say this experiment shall speak for itself.

With these facts before them, —with the result of their own experience, and with the universally acknowledged security of a vast majority of the vaccinated, (not re-vaccinated,) the Society ventured to give their opinions. If it would not savor of pedantry, I could give you a catalogue of the records of medicine which were brought to the question, and a long one it would be. I leave the profession to judge how far your "Remarks" have invalidated the views of the Medical Society.

But, sir, I doubtless have much to learn on this absorbing topic: and from you it will give me pleasure to receive instruction. Who would seal his mind with prejudice in handling the subject of cowpock and smallpox? Who would sophisticate a discussion of the question with passion, excitement, illiberality? Who would "discourage any attempt to check the progress of varioloid, of smallpox?" And yet such are the imputations you cast on a society of physicians, who were honestly and conscientiously engaged in a work of science and benevolence, aided

by the best lights of medical literature. As a member of our Society, except on your own account I do not deprecate your wrath,—*strike*, but hear us,—strike us with all the force of truth,—spare not with the weapons of experiment and fact. But as this is a question to be settled only by experiment, bring facts to bear on it. These will alone enlighten the profession, alleviate the sufferings of our fellow creatures, and give character to your strictures on the Medical Society of the District of Columbia.

I am, Sir,

your obedient servant,

THOMAS HENDERSON.

P. S. I shall do myself the pleasure of addressing you again on this subject, when some notice will be taken of certain speculative views of vaccination.

Washington, July, 1828.

II.

Note respecting Dr. Robbins' last Paper.

By GEO. HAYWARD, M.D.

THERE is nothing, that I can perceive, in Dr. Robbins' last communication that alters, in the slightest degree, the state of the question respecting re-vaccination; and I should have left the decision of the controverted points to the profession, without adding another word, if there had not been an intimation that I had distorted the facts in relation to the case of varioloid at the Hospital. My remarks shall be very brief, and will be directed to this topic only.

I asserted that the statement of Dr. R. respecting the person who watched with the varioloid patient

at the Hospital, was without "a shadow of foundation." Dr. R. thinks the language uncourteous; I admit that it is, and regret that I used it; but I will now prove to the reader that I was warranted in so doing by the facts of the case, though a different expression might have been preferable, and there was no design in me to impute any thing like intentional misrepresentation to him.

Dr. R. stated that the person who watched with the varioloid patient at the Hospital the night before his removal, was successfully re-vaccinated. I replied that so far from this being the fact, the individual had had the smallpox, was never vaccinated before that time, and then did not take the disease. Dr. R. now admits that this is true, but says that he referred to another person, an assistant nurse in the house, and seems to be surprised that I did not so understand him. I do not know how I should, for the nurses are not in the habit of watching with the patients, and I never knew, till I saw Dr. R.'s paper, that she had ever been in the room of the varioloid patient. Had I not then a right to say, that there was no foundation for the statement?

But Dr. R. now maintains, that this assistant nurse was successfully re-vaccinated, and that she was exposed to the infection of the varioloid disease by being frequently in the room with Mr. Crane. Let the reader judge how far this is correct, after examining the facts which I will now present.

1. The arm of this person was shown to me on the ninth day after the introduction of the vaccine virus, without my knowing or even suspecting that she had

ever been before vaccinated, and long before any discussion had taken place, and I pronounced the case, without hesitation, to be spurious.

2. The House Physician, within a week, has stated to me, that it suppurred on the eighth day, and assumed rather the appearance of a pustule produced by the tartrate of antimony ointment, than that of a vaccine vesicle.

3. Above all, the case was pronounced by the physicians who saw it daily, to be spurious, and it has been reported by Dr. Channing as such in this Journal.

This evidence must be decisive, for the opinion of no physician, however respectable, who only saw the case once, can weigh against it in the least.

The certificate of Dr. Whittemore proves nothing. There is no doubt he took matter from the arm, but unless it be proved that he produced the genuine cowpox with it, it is at least negative evidence that the case was spurious.

On the whole, I do not see that I have distorted the facts connected with the case at the Hospital, in the slightest degree.—

1st. I denied that part of Dr. R.'s statement respecting the watcher, and proved that it was incorrect; this he now admits. 2d. I asserted that the cowpox was not communicated to an individual in the Hospital who had before had that disease or the smallpox. The assistant nurse, whose case is spoken of above, is the only one whom Dr. R. says was successfully re-vaccinated. There can be no doubt, I think, that the profession will pronounce this case spurious, on the evidence I have adduced.

Boston, August, 1828.

III.

From the Lon. Med. Gazette.

DISEASES OF CHILDREN.

By Dr. WILLIAM HUNTER.

Concluded from page 393.

Convulsions.—In proportion as we are younger, the irritability of the brain and nervous system is as predominant as their bulk. Thence convulsions happen so frequently in children, from a variety of causes; and thence, too, so often without doing much mischief. In the first months, the most common cause of convulsion is some disorder of the stomach or bowels. We, therefore, instantly give a clyster and a dose of rhubarb, with some cordial medicines to comfort the bowels. By bringing the bowels into good order, we cure convulsions, because we thereby remove the cause. Convulsion being a symptom, not a disease, little more is to be done, in most cases, than attention to general health. The convulsions which arise from dentition, or from water in the head, will be considered hereafter.

Water in the Head.—When an unnatural quantity of water accumulates in a child's head, either before or after its birth, the case is generally discoverable by the breadth of the sutures and mould, as well as by the bulk of the head; the symptoms are more mild, because the seams of the head give way, and allow the brain to accommodate itself insensibly to the state of the water contained. Thence such a child will live some months, or even many years, and its head will swell to an amazing size. But the disease, from the time that it becomes perceptible, is absolutely out of the reach of all assistance by art.

When an unnatural quantity of water collects in a child's head, after the skull is grown pretty close and firm, as at twelve months of age, or later, the disease, though frequent, cannot be known *with certainty*: the bones do not recede in proportion as the water collects, and the brain, in proportion, is more oppressed; whence heaviness, convulsions, fever, &c. and death. Except for attention to general health, and to alleviate the symptoms, this disease likewise is out of the reach of art.

Starting or Protrusion of the Navel, is a very common weakness in children, particularly in such as are frequently disordered in their bowels, and strain much, either by crying or from other causes. It should be very carefully attended to in females; because, if they grow up with a weak or lax navel, they will be in proportion more liable to a rupture at the navel from pregnancy. It is always cured by binding it carefully down with a thick compress. If that cannot be kept properly upon the part, it should be made of pieces of plaster, spread upon leather, just adhesive enough to prevent its slipping from the precise place where the pressure ought to be made. A little ball of lint, wool, or cotton, should be put into the pit of the navel; and then the plaster-compress; the pieces cut in gradation larger, and the outermost piece considerably broader, to lay hold of a considerable surface of skin.

The cure is generally promoted by the use of the cold bath, because such children are commonly weak.

Dentition.—From six or seven months of age, to two or three

years, many children suffer much from teething. When the symptoms are mild, and the body is open, or in a purging state, the case requires no particular treatment. The common symptoms are, purging or costiveness, occasional feverish fits, with restlessness, peevishness, and the other attendants of fever, eruptions on the body, of various kinds, and scabby eruptions on the face and scalp, cough, loss of appetite, high fever, and convulsions.

Whatever the symptoms be, there is hardly any thing of real service to be done, but to keep the body very open, if it is not so, by frequent clysters and purging or opening medicines; and lancing the gums, whenever the fever runs very high, or when convulsions come on. If the operation be effectually done, upon the first fit, it is very seldom that a second happens.

It is hardly to be believed how much spontaneous purging children under dentition will bear, not only with impunity, but with advantage. It is generally a security against a dangerous fever or convulsion. It should therefore never be stopped, and even but seldom checked. The fever from dentition is remarkable for rising suddenly, and abating or going off as suddenly, and returns from time to time in the most irregular manner.

Scabby Head and Face.—This disease, which we see frequently among children from three months to as many years of age, in its worst appearance looks terrible; and more especially to a parent. In spite of every thing that can be done by internal medicines, and by external applications, the whole scalp and almost the whole face, will sometimes be covered

over with a thick crust or scab, and the itching is then so intolerable, that the child's hands are obliged to be tied down, otherwise it constantly scratches its face or head in a terrible manner, and makes it very sore and bleed, which increases the disorder. Yet this accident cannot by any care be entirely prevented; for the itching is so insufferable, that the child is ever upon the watch to rub the head or face, and with great violence, against any thing that touches it, the nurse's arm or breast, when carried in her hand, and its pillow when laid in the bed. Its sufferings keep a mother in perpetual agony. After having been inflamed, and having discharged a great deal of matter, it will often become cool and dry, and the scabs will peel off; and just when the parents flatter themselves that the disorder is going off, it will inflame again and again, and terrify them with the appearance of an incurable constitutional humor: yet it is seldom any mark or proof of foul blood, but is a common enough symptom of teething.

In my earlier practice I treated it as many (I am afraid most) people treat it still, with physic, and a variety of sweeteners of the blood (as they are called) as well as of topical remedies; but I soon discovered that it is at least as profitable to allow it to have its course. It will generally go off as soon the one way as the other: keeping pace with dentition, it is exasperated when the teeth give irritation; mitigated or disappearing in the intervals, and taking its final departure when dentition is over.

Yet some management is necessary to make it more tolerable. Besides what we do in other cases

of teething, nothing is required but to keep the affected parts very clean; we therefore cut off the hair from the scalp, and wash every part affected, two or three times a day, with warm milk, or any other innocent liquor, to keep it soft, cool, to allay the insufferable itching, and to keep down the scabby crust; and, after drying the scalp with a piece of soft linen, put on an under-cap, or a piece of cambric or muslin, well greased with pomatum, to prevent the covering of the head from sticking or uniting with the scab. And if, by neglect, the scab has become very thick and hard upon the scalp, we apply a poultice some hours to soften it, and then it is easily washed off. But we can do little of this kind to the face: there we must be satisfied, therefore, with washing the scabby parts often and tenderly; and lay them over with sweet cream, or something oily, to prevent drying and accumulation.

IV.

SELECTIONS FROM FOREIGN JOURNALS.

Case of Rupture of Intestine, from a Blow on a reducible Scrotal Hernia.

John Cox, a middle-aged man, was admitted into Guy's Hospital, April 16th, at 2 o'clock, P.M., under the following circumstances. He had many years been the subject of reducible scrotal hernia; for which he had never worn a truss, and which had attained a considerable size. About two hours previous to his admission, he had received a violent kick from a horse, immediately on the site of the hernia. At the period of his admission, he was laboring under great depression; his coun-

tenance was pallid, his pulse feeble, and the surface of his body cold, and he had scarcely strength to walk. There was also pain in the vicinity of the hernia, and he complained of slight tenderness in the lower part of the abdomen. The hernia was returned to the mouth of the sac, and he was ordered

Hirudines, xij. Hydr. Submr. gr. ij.
Opil, gr. j. st. sumend. If no sickness should supervene, to take Ol.
Ricin. 3 ss.

8 o'clock, P. M.—The pulse has increased a little in fulness, and is 90; there is an augmentation of the tenderness in the abdomen, a slight fur has made its appearance on the tongue, and the symptoms of collapse are wearing off.

Ordered, Enema. Commun. st. injiciend.

17th, 9, A.M.—The pulse remains the same in frequency, but has less power; tongue furred; tenderness and pain increased.

Repetant Pilula et Enema.

12, A. M.—Sickness has now come on; he has had no evacuation from the bowels, and there is a general aggravation of the symptoms of inflammation, accompanied, however, with so much collapse, as to preclude the possibility of employing general bleeding.

Ordered, Hirudines, xij. Repet. Enema. Catap. Sinap. pedibus applic.

From this time he went on gradually sinking; the enemata and castor oil did not succeed in producing relief from his bowels, and at six o'clock in the evening he expired.

Inspectio Cadaveris.—On opening the abdomen, a large quantity of feculent matter, mixed with portions of the oil which had been administered, was found effused

amongst the convolutions of the intestines; the peritoneum presented throughout its entire surface the marks of active recent inflammation, excepting at those parts where the matter had been prevented from insinuating itself by the close approximation of the viscera to the parietes of the abdomen. The opening through which the matter had been extravasated into the abdomen, was found in the ileum, about six inches above its termination: it was just large enough to admit the tip of the little finger. The laceration of the peritoneal and muscular coats were in opposite directions, and there was no appearance of the *rosebud* protrusion of the mucous lining, which occurs in incised wounds of the intestine.

Med. Gazette.

Cause of Tormina and Diarrhœa of Infants.

I wish to call the attention of practitioners to an accident I have met with a few times, and which may possibly have been overlooked, viz. the occasional intrusion of small portions of intestine or omentum at the navel, where the vacancy is only partially filled up. This I have found to be a frequent cause of the tormina to which infants are especially liable during the month. I was led to observe this circumstance, which I am even confident occurs much more frequently than could be supposed, by the following accident:—I was called in the month, to a child, whose mother I had assisted in the delivery, and in whose respiration I had found no fault; it had shrieked out, and fainted suddenly away then for the third time; it was in all respects healthy. The child had soon recovered, but the last

fainting fit had lasted longer than the former attacks. I ordered the child to be stripped (a necessary step always, if a practitioner would really understand the diseases of infants,) and perceived that while it cried, the navel protruded somewhat more than it does naturally. On pressing the part, I felt a slight gurgling under my finger. A cork pad was placed over the navel, secured by an adhesive bandage, and the symptom never returned. In this instance, it would seem that temporary pressure of the intestine produced the faintness.

This circumstance has led me to examine the abdomen in children about this age, where they have been suffering from tormina. I have given instant and permanent relief, again and again, by the use of this bandage. I strongly suspect that many a diarrhœa occurring in the month, where the infant is unfed, is attributable to this cause, viz. the occasional pinching of the intestine, and a scarcely perceptible vacancy: its frequent intrusion produces slight inflammation, which nature relieves by instituting a purging. It is easily perceived how pain should first be created by the accident, how the consequent irritation should produce fits of crying, and the crying and the pain should at length become cause and effect alternately.

Of one thing the reader of this communication may be assured, that I have relieved several diarrhœas occurring during the earliest periods of infancy, by the application of the cork pad and adhesive bandage, without any other remedy, where the infant has been unfed, and the mother in health.

One does not readily see why diarrhœa should occur, unless from some such cause, which appears to me sufficient to account for the disorder ; that it does not continue, the subsequent filling up of the vacancy will account for.

Med. Gazette.

External Employment of Corrosive Sublimate.

Dr. Miguel, of Neuenhaus, in the principality of Bentheim, relates three cases to show the impropriety of using solutions of the above medicine too freely, without employing internal medicine at the same time to combat the general ill health of the patient. The first case is one of common itch, wherein the eruption quickly disappeared, and was followed by an attack of mania. In the second, a robust man was speedily cured of a cutaneous eruption, tinea, in the hands, but he fell into a consumption, and died in about a year. The third is the case of a child six years of age, affected with tinea capitis ; it was speedily cured by the wash of sublimate, but fell into a miserable state of health immediately afterwards, having violent headaches, a swollen belly, difficult respiration, &c., from which it only recovered in consequence of the reappearance of the eruption, under a course of antimonial and purgative medicines.

V.

HOSPITAL REPORT.

Operation for Cataract.

THE operation for the cure of cataract has been so much varied within a few years, as to leave practitioners in great doubt what course is the best. Not only the manner of operating, but the form of the instruments used, has been continually changing. An operator who allows himself to be influenced by the fluctuations of public opinion, will be in

danger of never doing this nor any other operation well. He should collect the facts relating to the subject ; make up his mind to one method, and not allow himself to be diverted from it by light considerations.

The operation now usually practised in the Massachusetts General Hospital, has been fixed on after many years' experience ; and has afforded results so very favorable, as to give it the preference over other modes of operating. The manner in which the operation is performed will be best seen by the relation of a case. This is not selected as one of the most favorable instances ; it being in fact less so than many others ; but it happens to be at hand, and is chosen from considerations of convenience.

Mrs. C., aged 64, blind in both eyes. The disease began five years ago. Without receiving any injury, she perceived a dimness in the right eye, accompanied by a feeling as if dirt were in the eye, and the appearance of a speck floating before it ; had also dull pain in the head for about a year. The dimness increased rapidly, so that she was soon unable to distinguish any object, and had only a faint perception of light when the left eye was closed. Last winter she began to lose the sight of the left eye, accompanied by a return of the headache, and as she expresses it, a "feeling of maze." She can still discern a human form with the left eye in a very indistinct manner.

Till within a few years had good health ; excepting that she has been always subject to erysipelas, during which her head and face would become very much swelled. The last time she had it was a year ago, when it was very severe.

March 14. The extract of stramonium was applied to the eyes in the following manner. The extract was rubbed down in a mortar with

water sufficient to give it the consistence of thick cream. It was then applied with a feather to the eyelids, all round the eye for the space of half an inch, approaching close to the edge of the tarsal cartilages. The application having been made in the evening, on the following morning the pupils were quite dilated. The cataracts appeared of a whitish color; slightly clouded, but pretty uniform; that of the right eye a little yellowish and apparently the most firm. In consequence of the application she had sickness at stomach, and dizziness. The dilatation continued for fourteen days.

On the 1st of April, the dilatation having subsided, and the patient having been kept on a lighter regimen than usual, was purged; and in the evening the extract of stramonium was applied as before.

On the 2nd the dilatation of the pupils was considerable; but not so great as on the first application of the stramonium. The operation was then performed by Dr. WARREN in the following manner.

The patient was placed in a room with horizontal lights; all but one were closed, and the lower part of this screened by a cloth so as to admit the light at an angle of 45 deg. above the horizon. The patient was placed on a common chair with a straight back; the operator on a seat capable of being elevated, which was adjusted so as to bring the face of the operator opposite the eyes of the patient. The operator then supported his right foot on a stool, and his right elbow on the knee, in such way as to bring the hand a little above the eye of the patient. The patient's head being averted from the side to be operated on, was then firmly supported on the opposite side by the hand of an assistant. The assistant surgeon, Dr. Hayward, then applied the speculum* of silver wire

to the left eyelid of the patient; drawing up the eyelid principally at the outer angle of the eye, at the same time supporting the patient's head against his breast. Then the operator, taking in his right hand the small flat needle of Mr. Saunders', pushed it through the sclerotic coat, something more than a line behind the circumference of the cornea. Next carrying the needle towards the pupil, as near the back part of the iris as possible, he caused the point to appear between the edge of the pupil and the cataract, and then pushing it a little forwards so as to puncture the fore part of the capsule of the crystalline lens, moved the point of the instrument upwards and downwards to rupture the capsule more extensively. The flat part of the needle was next inclined backwards, to touch and ascertain the consistence of the cataract. It being ascertained to be soft, the edge of the needle was turned backwards, and the cataract divided by a number of strokes of the instrument. Finally, the flat part of the instrument being placed behind the cataract, as much as possible of it was cast forwards through the pupil into the anterior chamber of the aqueous humor. The patient suffered but little from the operation, which was concluded within the space of a minute.

Then the operator took the needle in his left hand, and performed a similar operation on the other eye.

On the evening of the same day, the patient had twelve ounces of blood taken from the arm. In the night she had some pain. The next day she was put on the following treatment, which was continued till all symptoms of inflammation were subdued. She was directed a purgative of from half an ounce to an ounce of sulphate of magnesia every other day; to apply from twelve to

very short curve, guarded by silk wound round it. By this the eyelid may be firmly held without suffering to the patient.

* The speculum most commonly used by Dr. Warren is of silver wire with a

twenty leeches to the temples and eyelids daily; a pill of one grain of calomel with a quarter of a grain of opium morning and evening, till the mouth was tender; blisters alternately behind the ears and temples; and when the pain was severe, bleeding from the arm was repeated. The regimen to consist of liquid nourishment exclusively. By this treatment the symptoms of inflammation were soon subdued. The eyes were bathed with tepid water, and sometimes an infusion of the heads of poppies.

In about four weeks, the cataracts were thinner and lighter; but the change was slow. The operation was therefore repeated. The patient soon after perceived a great change in both eyes; and soon recovered the power of reading with the right eye; and rapidly regaining the use of the other, was discharged from the Hospital, well, and directed to procure a pair of cataract spectacles.

Remarks.

The mode of operating described above is that usually adopted in the Hospital. Sometimes the operation must be varied. A hard cataract is to be depressed. When, on touching the lens with the needle, it is found to have a firm consistence, the flat part of the instrument is pressed backwards against the upper part of the lens, which is thus pushed down till it disappears. This may be effected by a simple reclination of the cataract; or sometimes it must be depressed. If it rises again and again, the surgeon does not continue his efforts, but withdraws the instrument and repeats the operation as soon as the eye is free from inflammation.

If the cataract be capsular, unless it be congenital, it is extracned through an aperture in the cornea. But the congenital capsular is usually absorbed in consequence of the first described operation.

The time required for the absorption of the divided lens varies great-

ly. It is usually more rapid after a second operation than a first. There is now a patient in the Hospital, who was operated on some months since. The cataract not being dissolved, the operation was repeated on Monday, the 21st of July. On Thursday, the 24th, the cataract had sensibly dissolved, and on this day, Monday, the 28th, a week from the operation, it has nearly disappeared, so that the patient will be discharged to-morrow.

In most cases the operation is repeated. At the first trial the surgeon does not expect to do all he could wish; and never allows the instrument to remain long in the eye. About one minute is the usual length of the operation, and scarcely ever is it extended to two.

The extract of stramonium is a most useful auxiliary, at the period of the operation, and in the subsequent treatment. The extract of belladonna is employed in Europe; but the plant which affords it is not a native of the United States; and has not been introduced in sufficient quantity to afford the extract for medicinal purposes. The imported extract of belladonna has therefore been employed. After many years of trial we have found it to be very uncertain in its effects; often failing when it was most wanted. We have therefore laid it aside and adopted stramonium. This is most abundantly produced throughout the country, and has all the effect we could wish of it. The repetition of its use diminishes its effect. The first application is followed by the most considerable dilatation of the pupil. Afterwards, the dilatation is apt to be less than what is requisite. The use of this article for the purpose of dilating the pupil is not confined to the time of the operation. It may be employed afterwards very advantageously, in the case where the pupil is crowded with portions of the lens; and when some pieces of the lens may touch the iris and irritate this susceptible membrane. The

application of stramonium, under these circumstances, often gives almost instantaneous relief, by dilating the pupil and withdrawing the iris from the irritating cause. It will have been noticed in the history of the case above, that the stramonium produced nausea and vomiting. This is not an unusual occurrence. Both stramonium and belladonna must be used with moderation. Dr. Warren is of opinion that it sometimes diminishes or destroys the power of the retina.

Formerly it was thought necessary to wait till a cataract was ripe before it was the proper subject of an operation. This notion is now, we believe, abandoned. At least, we have seen nothing in the practice of our Hospital to justify any such opinion, and always do the operation at as early a period of the cataract as the general circumstances of the case permit.

The prevention and cure of inflammation require as much judgment and skill as the operation itself. The puncture of three tunics of the eye, the disturbance of the crystalline lens, and almost inevitable pressure on some part of the iris, must be expected to produce inflammation, even in this mild operation. To prevent this from being excessive, the patient is purged the day before the operation. In twelve hours after the operation, a free bleeding from the arm is employed with excellent effect. The rest is to be accomplished by the judicious use of purgatives, leeches and blistering. When any symptoms of irritation arise, the bleeding is repeated often; a course of calomel is instituted; sometimes emetics are required; and always a very strict abstinence from solid food and all stimulating liquids. If the patient is advanced in life, this system must not be pushed to excess.

By the strict pursuit of this plan, we have been so happy as to avoid the loss of a single eye in this institution.

BOSTON, TUESDAY, AUG. 12, 1828.

HYDROCYANIC ACID.

WE perceive by a letter published in the newspapers, that a physician of one of the Paris Hospitals has lately destroyed the lives of some epileptic patients, by attempting to cure them with this medicine. Having heard of its successful use in epilepsy, and being impatient at its inefficacy in small doses, he ordered its exhibition in the dose of an ounce. The apothecary prudently reduced the quantity and administered only half an ounce to each; which, however, was sufficient to prove fatal in a few moments. The physician in this case is said to have been a man of good information in his profession.

NATHANIEL PEABODY, M.D. and JOHN H. RICHARDS, M.D. have been lately admitted members of the Boston Medical Association.

Dr. THADDEUS SPAULDING's communication on Artificial Anus has been received, and will appear in the next number.

WEEKLY REPORT OF DEATHS IN BOSTON,

Ending July 31, at noon.

July 26.	Margaret U. Pearson,	14 mo.
	George G. Lingham,	10
	David Barrus,	
	Edward Mahar,	30 yrs.
27.	Daughter of E. Willoughby,	15 days.
29.	Thomas O'Neal,	14
	Mary E. Coverly,	2 1-2 y.
	James McCormick,	9 mo.
30.	Margaret Sanger,	61 yrs.
	Margaret Magner,	8 mo.
	Mary Hiller Foster,	70 yrs.
	Vernia McCloud,	23
31.	Andrew Brown,	10 mo.

Apoplexy, 2—cholera infantum, 1—consumption, 2—canker, 1—convulsions, 1—hooping cough, 1—intemperance, 1—infantile, 1—inflammation in the bowels, 1—unknown, 2. Males, 6—females, 7. Stillborn, 1. Total, 14.

ADVERTISEMENTS.

LIQUID MAGNESIA,

FOR Dyspepsia, Costiveness, Headache, Heartburn, &c.

"The clear and colorless solution has been found by repeated experiments to be the best preparation of Magnesia; it produces all the good effects of that Medicine, is very pleasant to the taste, more certain in its operation, is not liable to form concretions in the bowels, and is the best antacid in use."

The manufacture and sale of the Liquid Magnesia was commenced by Bartlett & Chase, and received general approbation, and in consequence of repeated solicitation is now resumed by the Subscribers, and it will be kept constantly for sale by them at the Fountain, or put up in Bottles for transportation.

S. N. BREWER & BROTHERS,

Druggists.

No. 90 & 92 Washington Street.

* Soda, Rochelle and other mineral waters will also be kept at the Fountain.
June 3.

ABERNETHY'S LECTURES.

BENJAMIN PERKINS & CO., 63 Market St., have in the press, *Lectures on Anatomy, Surgery and Pathology*, including observations on *Local Diseases*, delivered at St. Bartholomew's Hospital. By JOHN ABERNETHY, F. R. S. These Lectures contain the results of all Mr. Abernethy's experience at St. Bartholomew's Hospital, and in private practice as a London Surgeon.

Boston, June 1, 1828.

CHARLES WHITE,

269 Washington St. Corner of Winter St.

HAS received by the late arrivals from Europe his spring supply of MEDICINES; among them are Extract Balsam Copaiva, Ext. Belladonna from Eye-Infirmity, Blue pill from Apothecaries' Hall, Calomel, Tartar Emetic, Magnesia Calc., Elaterium, Opium deprived of Narcotine, Opium deprived of Morphine, Denarcotized Tinct. Opium, Sulphate Quinine, Sulphate Cinchona, Sulphate Rhubarb, Ext. Hops, &c. &c.

C. W. returns his grateful acknowledgment to the Physicians, his friends

and the public, for their liberal support, and hopes by strict personal attention to Physicians' Prescriptions, the compounding and delivery of Medicine, to have a continuance.
April 22.

AMERICAN MEDICAL BIOGRAPHY.

THIS day published by COTTONS & BARNARD and RICHARDSON & LORD, The AMERICAN MEDICAL BIOGRAPHY; or, Memoirs of Eminent Physicians who have flourished in America. To which is prefixed a succinct History of Medical Science in the United States, from the first settlement of the country. By J. Thacher, M. D. author of the American New Dispensatory, Modern Practice of Physic, Military Journal, &c. Embellished with Portraits of the following characters, viz. Rush, Monson, Wistar, John Bard, Samuel Bard, Jones, Jeffries, Clark, Coffin, Brooks, Lloyd, Danforth, Freeman, Warren, Thacher.

"Thou shalt lie down
With patriarchs of the infant world—with kings,
The powerful of the earth—the wise, the good,
Fair forms, and hoary seers of ages past,
All in one mighty sepulchre."

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NATHAN JARVIS,

Druggist and Apothecary,

HAS taken the Apothecaries' Hall, No. 188, Washington Street (lately kept by Messrs. Wm. B. & Henry White.) His stock of Drugs and Medicines is complete and genuine. Physicians and others are assured that their orders, prescriptions, &c. will meet with prompt and strict personal attention.

The old friends of this establishment are requested to continue the patronage.

SKIN INFIRMARY.

THIS Institution has for its object the treatment of CUTANEOUS DISEASES. To the poor who are suffering from eruptions of any description, medical advice and attendance will be given free of expense.

CHANDLER ROBBINS, M.D.

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